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Topic: Certificate of Need
Comment:
November 19, 2017

Re: UVMMC Electronic Health Record upgrade

Dear GMCB:

As you review the Certificate of Need for UVMMC's EHR upgrade, the Vermont Academy of Family Physicians (VTAFP) requests that you consider the opportunity it may offer to improve medical communications and patient care in our state. As the largest tertiary care and referral center in the state, UVMMC handles a tremendous amount of incoming and outgoing medical information. The proposed EHR upgrade creates an opportunity to address some of the significant shortfalls in the current system.

Currently UVMMC's EHR, PRISM, has no inter-operability with those of community providers, and more importantly, lacks processes to ensure reliable communication in the absence of inter-operability. Of note, we have the same issues with Dartmouth Hitchcock Medical Center, which also uses PRISM. We have all experienced sending a patient to the Emergency Department, faxing the patient's medical records, yet having the ER physician not see them. This occurs when sending clinical notes to consultants as well, often resulting in duplicate testing.

Consult notes, ER notes, hospital discharge summaries, and other reports often are not sent back to the referring provider. If we discover notes are missing, our office staff must log directly onto the hospital system and search for them. Essentially, we are forced to do UVMMC's job for them. This only adds to the administrative burden that primary care providers face.

At times, we may be unaware that the patient was seen at UVMMC, and notes are never searched for or recovered at all.

To be a recognized Patient Centered Medical Home, primary care practices are required to have a referral tracking process that ensures a referral note is received for every referral requested. Shouldn't UVMMC be required to provide the same level of communication for their consultants? An additional issue with PRISM notes is their length and disorganization, essentially a "data dump" of past, present and futures orders and results, producing discharge "summaries" of 30 pages or more.

With the current proposed EHR upgrade, we believe there is an opportunity to address these communication problems. As part of the upgrade, UVMMC should:

- 1) Ensure that their EHR has bidirectional interfaces with community PCP's EMRs for ordering and resulting of all documents, including consult notes, radiology and lab reports, ER and hospital discharge summaries.
- 2) If an EHR-based solution is not possible, a separate tracking system must be in place.
- 3) Ensure that timely and clinically useful documents are produced by the new system and reliably sent to PCPs.

4) Have a formal, regular process for receiving feedback from PCPs, making adjustments, and reporting to the GMCB.

With the ever-increasing demands placed on all providers regarding quality measures and documentation, the increasing medical complexity of aging patients in an already-stressed medical system, it is clear that we need a high-functioning integrated electronic health record. The UVMMC EHR upgrade has the potential to improve communication, improve patient care and reduce medical errors. We ask for the GMCB's assistance in achieving this goal.

Sincerely,

Fay Homan, MD

President, Vermont Academy of Family Physicians